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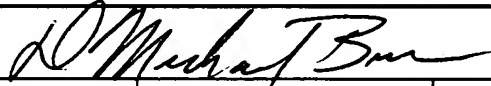
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/797,796
		Filing Date	March 10, 2004
		First Named Inventor	Steven Aoyama
		Art Unit	3711
		Examiner Name	GORDON, RAEANN
Total Number of Pages in This Submission	17	Attorney Docket No.	B03-25

ENCLOSURES (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Petition |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> Affidavit(s) / Declaration(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Appeal Brief, Reply Brief) |
| <input type="checkbox"/> Response to Missing Parts / Incomplete Application | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Post Card for Receipt |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | |
| <input type="checkbox"/> Assignment Papers (for an Application) | |
| <input type="checkbox"/> Drawing(s) | |


Remarks

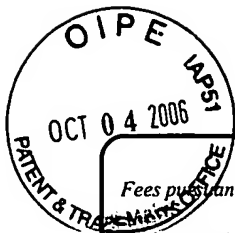
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signature		Date	OCT 4, 2006
Name	D. Michael Burns	Registration No. (Attorney/Agent)	38,400

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief – Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		Date	OCT 4, 2006
Name	D. Michael Burns		



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Complete If Known

Application Number	10/797,796
Filing Date	March 10, 2004
First Named Inventor	Steven Aoyama
Examiner Name	GORDON, RAEANN
Art Unit	3711
Attorney Docket No.	B03-25

TOTAL AMOUNT OF PAYMENT (\$) 620.00

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200
<u>Total Claims</u> <u>Paid TC</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>	
	- = 0 × 50 = 0
Paid TC = the greater of 20 or highest number of total claims paid for	
<u>Independent Claims</u> <u>Paid IC</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>	
	- = 0 × 200 = 0
Paid IC = the greater of 3 or highest number of independent claims paid for	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	(round up to integer)	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	0	/ 50 =	× 250 =	0

4. OTHER FEES

<u>Extension for response within first month</u>	<u>\$120</u>	<u>Fee Paid (\$)</u>
<u>Filing a brief in support of an appeal</u>	<u>\$500</u>	
Other:		

SUBMITTED BY

Signature		Registration No. 38,400	Telephone 508-979-3563
Name	D. Michael Burns	Date	OCT 4, 2006